

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 8

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

05/01/02

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(n)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -467,964  
b. FFY 2003 \$ -2,812,965

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 4.19-B, Page 1

Supplement to Attachment 4.19-B, Page 3

Attachment 4.19-B, Page 24

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same page, Revised 02/01/02, TN#02-05

Same page, Revised 02/01/02, TN#02-05

Same page, DELETED

10. SUBJECT OF AMENDMENT:

Revision of payment methodology for Medicare Part A & Part B coinsurance and deductible

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

9-13-02

16. RETURN TO:

Oklahoma Health Care Authority  
Att: Billie Wright  
4545 N. Lincoln Blvd., Ste. 124  
Oklahoma City, OK 73105

17. DATE RECEIVED:

JUNE 28 2002

18. DATE APPROVED:

23 September 2002

FOR REGIONAL OFFICE USE ONLY

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

for DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Billie Wright



**DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Division of Medicaid, Region VI**

1301 Young Street, Room 837  
Dallas, Texas 75202  
Phone (214) 767-6495  
Fax (214) 767-0322

September 23, 2002

Our Reference: SPA-OK-02-08

Mr. Jim Hancock, Director  
Health Policy Division  
Oklahoma Health Care Authority  
4545 North Lincoln Blvd., Suite 124  
Oklahoma City, Oklahoma 73105

Dear Mr. Hancock:

We have enclosed a copy of HCFA-179, Transmittal # 02-08, dated September 13, 2002. This amendment revises the payment methodology for Medicare Part A and Part B coinsurance and deductible.

We have approved the amendment for incorporation into the official Oklahoma State Plan effective May 1, 2002. If you have any questions, please contact Ford Blunt at (214) 767-6381.

Sincerely,

*Sandra Hall*

*for* Andrew A. Fredrickson  
Associate Regional Administrator  
Division of Medicaid

Enclosure

cc: Elliott Wesiman, CMSO (Clearinghouse)



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAY RATES – OTHER TYPES OF CARE**

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicare agency uses the following general method for payment.

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item 1 & 2 of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_ of this attachment (see 3. above).

Revised 05-01-02

TN# 02-08 Approval Date 23 Sep 2002 Effective Date 1 May 2002  
Supersedes  
TN# 02-05

SUPERSEDES: TN- OK 02-05

STATE <u>Oklahoma</u>	A
DATE REC'D <u>28 Jun 2002</u>	
DATE APPV'D <u>23 Sep 2002</u>	
DATE EFF <u>1 May 2002</u>	
HCFA 179 <u>OK 02-08</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE**

Payment of Deductible and Coinsurance for Medicare Part A and Part B Claims

1. Payment of Deductible and Coinsurance for Medicare Part B Claims:

Payment is made at the Medicaid comparable allowable which considers the payment made by Medicare compared to the Medicaid allowable charge. The payment amount is the difference between the Medicare paid amount and the Medicaid allowable.

2. Payment of Deductible and Coinsurance for Medicare Part A Claims:

For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses the following method:

\*Deductible – 100%

\*Coinsurance–50%

\*Skilled Nursing Facility Services Only

Revised 05-01-02

TN# 02-08 Approval Date 23 Sep 2002 Effective Date 1 May 2002  
Supersedes  
TN# 02-05

SUPERSEDES: TN# OK 02 05

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